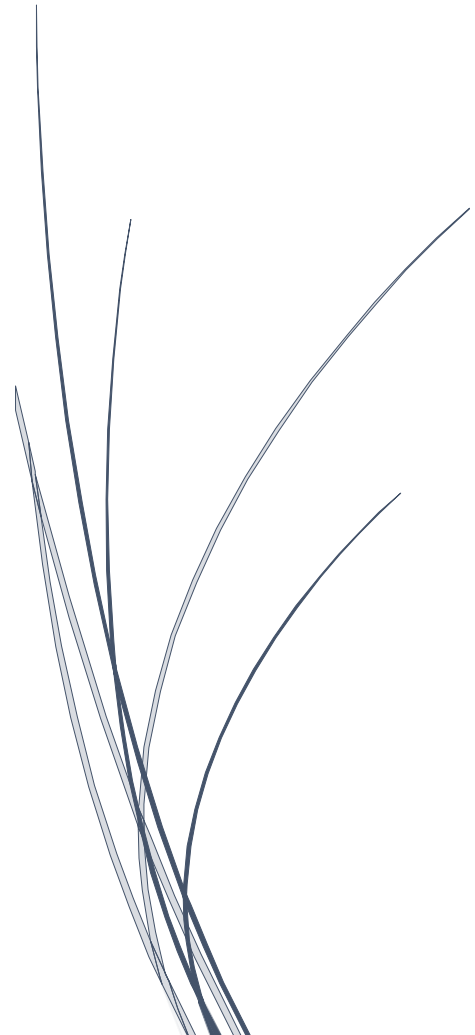




# Children's Division Access to Medical Records Report

Report for July 1, 2022 – December 31, 2022

2<sup>nd</sup> Semiannual 2022



## **Introduction**

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members, and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for 24-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care.

This report documents the commitment of the Children's Division to ensure that pertinent medical records and/or medical information for a child will be made available to appropriate members of the child's treatment and/or family support team. The child's teams may include resource providers (such as foster parents), a guardian ad litem, medical care providers, parents, and other individuals who provide support or services to a child or family. Access to medical records and/or medical information is consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security policy. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its care and custody. Access to medical records is a vital and essential service for each child. The medical records can provide prescribers, the child, parent(s), placement providers, and case managers with enough information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division's current efforts to create access to medical records and their future plans to provide access to these records.

## **Current Efforts for Access to Medical Records**

The Children's Division has been in frequent discussions with Oracle/Cerner staff regarding the HealtheIntent platform in the five Missouri counties (Jackson, Clay, Platte, Cass, and Vernon). The HealtheIntent combines data from the Lewis And Clark Information Exchange (LACIE Health Information Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), and Family and Children Electronic System (FACES). The HealtheIntent Foster Children's Registry (Registry), which is based on information from the HealtheIntent platform, lists disease and wellness standards of care. In addition to the Registry, there is a longitudinal record which combines clinical events and information into a single view. The HealtheIntent platform can provide Children's Division staff a view of health/medical information prior to attending Family Support Team (FST) meetings, any Foster Care placements, and home visits. Details about the HealtheIntent platform's pilot project may be found in prior reports listed in the [Psychotropic Medication Settlement Reports](#) webpage.

The fundamental intervention in the development and delivery of services for children/youth in Foster Care continues to be the Children's Division FST meetings. During these meetings, FST participants discuss the elements of the Missouri Model for Foster Care, which includes the creation and implementation of the "Social Service Plan (Plan)." The Plan includes the utilization of the Initial Family Assessment, which will be completed within the first four weeks of case opening. The Initial Family Assessment contains directions for the distribution of the [Health Care Information Summary](#), and [Child/Family Health and Developmental Assessment](#) forms that are required to be completed and provided to the resource provider within 72 hours whenever possible, but no later than 30 days following the initial placement date. At the time of a subsequent placement, the assessment, an updated summary form, and all prior [Monthly Medical Logs](#) must be provided to the resource provider no later than 72 hours following the subsequent placement date. These forms are essential for compliance with specific placement requirements.

The Children's Division continues to collaborate with various Department of Social Services' Divisions/Units to map each process and establish a new, user friendly Children's Division Case Management System with modern technology. The Case Management System project managers continue to gather information from staff who utilize Children's Divisions current case management system, the Family and Children Electronic System (FACES). The FACES system is a Comprehensive Child Welfare Information System and provides an automated, integrated case management tool for Children's Division staff. FACES allows staff to start from the initial Intake of a call at the Child Abuse/Neglect Hotline, to the Investigation and Assessment of that call and then, when warranted, to the Case Management function where ongoing services are provided to children/youth and families. Case Management services encompasses adoption, guardianship, intensive in-home services and family-centered services. In addition to the current FACES functions, the primary objective of the new system will be to increase the ability to track each case from Intake to case closing and retaining/retrieving the history of services provided to children/youth and their families.

Effective July 1, 2022, Missouri moved from a healthcare delivery system administered by three different managed care plans to a single specialty managed care health plan for children/youth in Foster Care. The goal of the specialty managed care plan is to establish a trauma-informed, comprehensive and integrated behavioral health and physical health system that addresses the unique and complex needs of children/youth involved in the child welfare system and across multiple child-serving systems. Home State Health was awarded the contract and administers the new sole source specialty plan called Show Me Healthy Kids (SMHK). A service within SMHK's specialty plan is the Health Passport (Passport). The Passport retrieves clinical and claims data from both internal and external systems and exports the information into a format that allows providers to load a specialty plan member's health/medical record directly into that provider's Electronic Health Record (EHR) system. The Passport provides shared access to a member's health/medical information through secure web portals. The information contained within the member's Passport is accessible to providers, specific Children's Division and Home State Health staff.

## **Future Plans for Access to Medical Records**

The Children's Division/SMHK partnership has been a vital asset in the promotion of a shared goal to establish a continuity of care for children/youth in Foster Care with chronic, complex, and multiple health/medical and behavioral health needs. The aim of SMHK's Health Passport is to have current/historical information about the child/youth's health/medical status available to their specialty plan and Children's Division team members to ensure a coordinated treatment approach. The Health Passport is in the early stages of implementation and is being tested to assess functionality.

In addition to the Health Passport for specialty plan members, the Children's Division is in discussions with Oracle/Cerner about the feasibility and cost-effectiveness of the HealtheIntent platform. In an effort to ensure there is no duplication of services within these systems, Children's Division, SMHK, and Oracle/Cerner staff meet to discuss system operations within the HealtheIntent platform and Health Passport. The main objective of the meetings is to determine how the systems can complement each other in the provision of their services. The discussions for coordinating these systems is ongoing.

There are several major electronic, systemic, and procedural updates within Children's Division that are occurring within this time period. These updates and other innovative ideas can be complex and impact not just Foster Care; but all aspects of Children's Division services, including but not limited to investigations, prevention, and adoption. Although there are many challenges associated with the updates, Children's Division continues to maintain its focus on providing the best services for children/youth in Foster Care who are prescribed and administered psychotropic medications.